PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10-648-956

_		01 41110 41						ł					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY		
TOTAL CLAIMS			160				Γ	RATE	FEE	1	RATE	FEE	Ė
FOR			NUMBER FILED		NUMBER EXTRA		Ε	BASIC FEE	375.00	OR	BASIC FEE		
TOTAL CHARGEABLE CLAIMS			(6 minus 20= *		•	0	ſ	X\$ 9=		OR	X\$18=		
INE	EPENDENT CL	AIMS	3 minus 3 = * (٥ ا		X42=		OR	X84=		RF
MULTIPLE DEPENDENT CLAIM PRESENT						t	+140=		1	.000		ES	
* If the difference in column 1 is less than zero, enter "0" in column 2							Ļ			OR	+280=		[/
Pro CLAIMS AS AMENDED - PART II								TOTAL		OR	TOTAL	7/0	
<u>β-27-03</u> (Column 1) (Co					n 2)	(Column 3)		SMALL I	ENTITY	OR	OTHER SMALL		$ \geq $
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	ABL
NDW	Total	. 16	Minus	** 2	0	= ,	f	X\$ 9=	7 6	OR	X\$ 18=		111
WE SE	Independent	• 3	Minus	*** 3		=	I	X42=		OR	X84=		12
Ľ	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDENT	CLAIM		ŀ	.140	- -	1	360		COPY
	3-25-05						L	+140= TOTAL		OR	+280=		~
(3-20						Al	DOTT. FEE	_	OR	TOTAL ADDIT. FEE		
_		(Column 1) CLAIMS		(Colum		(Column 3)	_						
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	. 16	Minus	** 2	0	a		X\$ 9=		OR	50 X\$ 18 =		
AME	Independent	٠ ૩	Minus	<u>ئى</u>	}	-		X42=		OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							┞			Uh	360		
							L	+140=	-	OR	+ 280 ⊆	,	
							AI	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE		
<u> </u>		(Column 1) CLAIMS		(Colum		(Column 3)						:	•
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Š	Total	•	Minus	##		2	T	X\$ 9=	166	00	X\$18=	·FGE	
ME	Independent	*	Minus	***		=	┢			OR			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								X42=		OR	X84=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.													
***	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR	TOTAL ADDIT, FEE		
	The "Highest Num	iber Previously Pai	d For" (Total or	o orace is	iess ma it) is the	n 3, enter "3." highest number		DIT. FEE	ropriate box				